

MARSOC SERE FULL SPECTRUM MEDICAL SCREENING FORM

01 Nov 2010

NAME. (LAST, FIRST MIDDLE INITIAL)			RANK/RATE	SSN	
DATE	AGE	WEIGHT	UNIT		
MAKE A STATEMENT OF YOUR PRESENT HEALTH AND ANY MEDICATION CURRENTLY USED					
SECTION A: PLEASE ANSWER THE FOLLOWING QUESTIONS					
DO YOU HAVE:	YES	NO	HAVE YOU EVER HAD:	YES	NO
1. COLD OR SORE THROAT			16. FRACTURE OR SURGERY TO NECK OR SPINE		
2. LUNG DISEASE (BRONCHITIS, PNEUMONIA)			17. HEAD INJURIES		
3. TROUBLE WITH ANY JOINTS			18. ANY FACIAL OR JAW INJURIES		
4. BACK OR NECK PROBLEMS			19. KNEE INJURIES OR SURGERY		
5. ANY INFECTION			20. ASTHMA		
6. ACTIVE HEPATITIS			21. HEMO / PNEUMOTHORAX OR CHEST TRAUMA		
7. SUTURES IN PLACE			22. HEART TROUBLE/ OR DISEASE		
IN THE LAST YEAR HAVE YOU HAD			23. CLAUSTROPHOBIA		
YES NO			24. ANY ALLERGIES		
8. PNEUMONIA			25. HEAT INJURIES		
9. HERNIA REPAIR/ ABDOMINAL SURGERY			26. COLD WEATHER INJURIES		
10. MUSCLE STRAIN OR SPRAINS			DENTAL WORK- DO YOU NOW HAVE		
11. ANY FRACTURES OR DISLOCATIONS			27. CAPS/CROWNS		
FEMALES ONLY			28. FALSE TEETH		
12. FIRST DAY OF LMP?			29. BRIDGES		
13. ARE YOU ON BIRTH-CONTROL?			30. DENTURES		
14. IF YES WHAT KIND?			31. HAVE YOU SEEN A MENTAL HEALTH PROFESSIONAL IN THE PAST SIX MONTHS YES NO 32. ARE YOU UNDER EMOTIONAL STRAIN AT PRESENT (I.E. DEATH IN THE FAMILY) YES NO 33. HAVE YOU RECEIVED MEDICAL TREATMENT IN THE PAST TWO WEEKS YES NO		
15. IS THERE ANY CHANCE YOU ARE PREGNANT?					
IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE ELABORATE BELOW BY ITEM #					
MEDICAL NOTE: NO CONTACT LENSES MAY NOT BE WORN DURING FIELD OR RTL PHASE OF TRAINING			I HAVE ANSWERED THESE QUESTIONS TO THE BEST OF MY ABILITY. SIGNATURE:		
DOCUMENT MEDICAL EXAM RESULTS ON BACK OF FORM					

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THE SERE COURSE IS ARDUOUS TRAINING INVOLVING TEMPERATURE EXTREMES, EMOTIONAL AND PHYSICAL STRESS					
THIS SECTION TO BE FILLED OUT BY THE EXAMINING PHYSICIAN					
	NORMAL	ABNORMAL		NORMAL	ABNORMAL
1. EENT			4. ABDOMEN		
2. NECK			5. MUSCLES AND SKELETAL		
3. CHEST (INCLUDING HEART AND LUNGS)			6. RESULT LAST PRT/PFT BODY FAT	PASS %	FAIL
COMMENTS BY EXAMINING PHYSICIAN					
PHYSICALLY QUALIFIED FOR SERE YES NO			HEALTH RECORDS RECEIVED YES NO		
EXAMINING PHYSICIANS SIGNATURE:			NO EVIDENCE FOUND TO DISCONTINUE TRAINING.		
			DATE:		
BELOW FOR SERE USE ONLY					
SERE MEDICAL STAFF					
COMMENTS:					
SIGNATURE DATE					
SERE STUDENT					
I AM IN THE SAME MEDICAL CONDITION NOW AS I WAS PRIOR TO SERE TRAINING				YES	NO
IF THE ANSWER IF NO, MAKE A COMMENT:					
SIGNATURE DATE					
SERE MEDICAL OFFICER					
COMMENTS:					
SIGNATURE: DATE					